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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/035,821
		Filing Date	October 19, 2001
		First Named Inventor	Jane Werling
		Examiner Name	Simon Oh
		Art Unit	1615
TOTAL AMOUNT OF PAYMENT (\$920.00		Attorney Docket No. IFT-5657A-1	FAX RECEIVED AUG 17 2005

## OFFICE OF PETITIONS

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1039 Deposit Account Name: Cook, Alex, McFarron, Manzo, etc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Request for Continued Examination (RCE)	790	395	0	0	0	0	\$790.00

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Multiple Dependent Claims</b>	
- 20 or HP = _____ x _____ = _____	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Multiple Dependent Claims</b>	
- 3 or HP = _____ x _____ = _____	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ /50= _____		(round up to a whole number) x _____		

## 4. OTHER FEE(S)

 Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): Petition fee 37CFR § 1/313(c)(2)

\$130

SUBMITTED BY			
Signature		Registration No. 26, 306 (Attorney/Agent)	Telephone (312) 236-8500
Name (Print/Type)	Raymond M. Mehler	Date	August 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE.

**Cook, Alex, McFarron, Manzo, Cummings & Mehler,  
Ltd.**

200 West Adams Street, Suite 2850  
Chicago, Illinois 60606-5234

TELEPHONE: (312) 236-8500

FACSIMILE: (312) 236-8176

**FACSIMILE COVER SHEET**

**TO:** Office of Petitions  
Commissioner for Patents

**NUMBER OF PAGES  
(INCLUDING THIS  
TRANSMITTAL  
SHEET):**

10

**FAX:** (571)273-0025 **PHONE**

**DATE:** August 17, 2005

**FROM:** Raymond M. Mehler

**FAX RECEIVED**

AUG 17 2005

**REFERENCE:** Our Case: IFT-5657A-1 (3360-0023.02)

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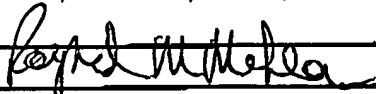
PTO/SB/21 (09-04)

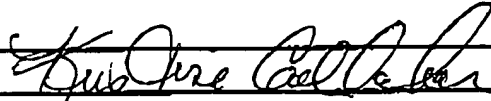
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/035,821
	Filing Date	October 19, 2004
	First Named Inventor	Jane Werling
	Art Unit	1615
	Examiner Name	Simon Oh
Total Number of Pages In This Submission	Attorney Docket Number	IFT-5657A-1 (OFFICE OF PETITIONS)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Withdrawal From Issue (37 C.F.R. § 1.313 (c) (2)) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Certificate of Facsimile Transmission
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.	
Signature		
Printed name	Raymond M. Mehler, Esq.	
Date	August 17, 2005	Reg. No. 26,306

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Office of Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Kristina Callahan
Date	August 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No.: IFT-5657A-1 (3360-0023.02)

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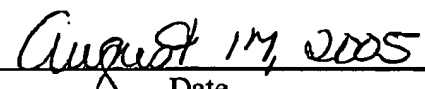
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Signature of Person Transmitting the Facsimile

  
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Date